

# **Public Health Data Standards Consortium**

## **Web-based Resource Center Workgroup July 2, 2002 11:00 AM ET**

### **Attendance on the call:**

**Tom Doremus**, Information and Communications Specialist  
Public Health Foundation (PHF)  
Chair

**Suzie Burke-Bebbee**, Health Informatics Specialist  
Centers for Disease Control and Prevention (CDC)  
National Center for Health Statistics (NCHS)

**Marjorie Greenberg**, Chief  
Data Policy and Standards Staff  
Centers for Disease Control and Prevention (CDC)  
National Center for Health Statistics (NCHS)

**Hetty Khan**, Health Informatics Specialist  
Centers for Disease Control and Prevention (CDC)  
National Center for Health Statistics (NCHS)

**Katherine Kvale**, Ph.D., Epidemiologist  
Wisconsin Public Health Data Steering Committee

**Denise Love**, Executive Director  
National Association of Health Data Organizations (NAHDO)

**Anna Orlova**, Ph.D., Associate Professor  
Johns Hopkins School of Public Health

**Edwin Ted Pratt Jr.**, M.P.A.  
Director, Liaison and Government Relations  
National Association of Local Boards of Health

**Virginia Van Horne**, Senior Associate  
Health Services Research Project/Program Manager  
Academy for Health Services Research and Health Policy

**Michelle Williamson**, Health Informatics Specialist  
Centers for Disease Control and Prevention (CDC)  
National Center for Health Statistics (NCHS)

### **Discuss seed funding availability, funding collaboration with other Work Groups, and pool of WRC vendor/contractor candidates.**

Available funding: Marjorie noted there is approximately \$100,000 available to do special projects. She is suggesting that the Web-based Resource Center is a project that could be funded. Because of short time lines, it is necessary to use existing contractors and submit this new work as a task order. Tom would like to broaden the opportunity for other contractors to apply as several have participated in these calls, however the time is too short to do that. These funds could be seed money to start the project and then, once it is up, it could be augmented by additional funding and a more inclusive proposal.

## **Discuss first online tutorial (target audience, learning objectives, length, course development, and presentation variables)**

An existing contractor is the Lewin Group that has several other sub-contractors. The sub-contractor that does this type of web development is Social and Scientific Systems. They have worked with NAHDO with good success. Tom would like them to develop a list of bullet points that detail the fees associated with the engagement of this type of group. WRC needs to develop a list of tasks that are expected of the contractor so that an agreement of sorts can be reached within the next two weeks. Suzie indicates that a process developed by the Education Workgroup is the model. In that contract, Lewin was the contract manager and the workgroup provided oversight. Tasks identified for the contract include:

- Developing the Web site shell to allow the workgroup and others to post items.
- Developing a working system to post and accept guest entries.
- Developing a series of links to other sites that host public health data content.
- Edit the white paper to assure that the key points are moved to the front end and the paper is condensed.
- Develop a tutorial that establishes basic information and points to more detailed information in specific areas.
- Host training modules that are based on areas of need identified in the survey – public health data standards, level of training, type of training, barriers to training.
- Host the tutorial regarding the Health Care Service Data Reporting Guide and information regarding how it can be used for reporting data and aggregating data for public health purposes.
- Host the Annotated Bibliography
- Link to the Medicaid HIPAA Compliant Concept Model (MHCCM)

Considerable discussion was held regarding the course on public health informatics being held at Johns Hopkins. People working in public health do not have a good understanding of data, and much data is related only to medical information. Current grants are going to states for bioterrorism, which is a good opportunity to increase local health department understanding of data collection and surveillance systems. Anna commented that several universities have public health informatics courses, but there is no integration of these similar courses. Each course is adding elements, but there is no coordination to assure that programs are offering what is necessary to move forward. One topic that is not being taught is integration with HIPAA. Marjorie suggested that the steering committee could convene a one-day meeting among these programs to facilitate development of a better, more coordinated curriculum. With Bioterrorism grants, there is a significant need to train people in epidemiology and the use of data standards.

Kate suggested that the WRC also needs to interface with NEDSS. The NEDSS data dictionary is globally used for public health surveillance, but there are data elements that are missing from the NEDSS data set. Wisconsin has been working with local health departments to crosswalk the NEDSS data set and expand it for things it does not cover. Kate suggested that if NEDSS is also developing a web site for information hosting, that efforts be made to coordinate and not duplicate this work. Could the Consortium be used to bring these groups together and provide oversight to the coordination of this work? Marjorie commented that an interesting expansion of the “if you build it they will come” philosophy is, “if they build it with you, they are already there.”

## **Discuss publication/presentation of other Work Group products on WRC**

Tom suggested that the best thing we can do is to establish a basic shell to house this information and create a tutorial to tell people how these pieces fit together. A conceptual framework of this shell needs to express what public health data encompasses. Navigating this site would educate you, and you would develop a vocabulary for working with public health data—which is not just medical data. Tasks identified:

- Steering committee to consider hosting a meeting to bring together institutions developing public health informatics curriculum – Marjorie and Anna
- Consortium to consider hosting a meeting with other public health data agencies to facilitate coordination of these activities – Marjorie and Kate
- Apply to present at the next AMIA conference – Marjorie and Anna

- Send out the paper written by Anna for review by this group – Tom
- Committee members to review web site work of potential contractor for web development <http://www.s-3.com/Internet/internet.htm>
- Ted has established the domain for the web site which will be in place for five years - phdatastandards.info. The necessary funds were provided by the National Association of Local Boards of Health.
- Plan for the promotion and marketing of the web-based resource center – All committee members
- Consider moving the PHDSC to a 501C3 status to improve funding and attract projects – Marjorie and the Business Development and Marketing Workgroup
- Pursue areas where Homeland Security can use public health data standards – Suzie to research
- Consider contracting to document the work done by Wisconsin and establish it as a model for states working with NEDSS – Marjorie and Kate
- Conference call to model a partnership between state and local health departments and HIPAA integration - Denise, Kate, Hetty

**Discuss student assistance from Johns Hopkins University (participation on August 22 call).**

- Consider what a student, working on a thesis project, could do regarding any of these projects. Further discussion on next call.

**Key Points suggestions for White Paper for use in funding and outreach (please have 2 to contribute)**

- Committee members to review white paper and choose two key points for discussion on next call. These points will be used to condense the paper and pursue funding or increase understanding.

**Next meeting scheduled for Tuesday, July 30, 11-1 ET Phone 1-800-311-3437 Code 677332**